

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  05/09/2011
NAME OF PROVIDER OR SUPPLIER  ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 015 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to assure the interior finish meets NFPA 101.</p> <p>The findings included:</p> <p>Observation on May 9, 2011 at 12:30 p.m. revealed the ceiling in the laundry boiler room had been repaired with unrated materials.</p> <p>Observation on May 9, 2011 at 1:00 p.m. revealed penetrations in the employee toilet walls.</p>	K 015	<p>The ceiling in the laundry boiler room was replaced on 5/23/11 with rated materials and fire rated caulk.</p> <p>The Administrator verified the correction and the existing NFPA 101 Life Safety Code Standard was met.</p> <p>Penetrations in the employee toilet walls will be corrected on 5/23/11.</p> <p>The Administrator will verify the correction and the existing NFPA 101 Life Safety Code will be met.</p>	6/20	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by:</p>	K 038	<p>The vending machine outside the exit from the laundry room was moved on 5/20/11. The exit is readily accessible at all times.</p>	6/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1 Based on observation the facility failed to assure exits were readily accessible at all times.  The findings included:  Observation on May 9, 2011 at 1:15 p.m. revealed the outside exit from the laundry was partially blocked by a vending machine.	K 038			
K 039 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3  This STANDARD is not met as evidenced by: Based on observation the facility failed to assure the corridor width was clear and unobstructed at all times.  The findings included:  Observation on May 9, 2011 between 12:00 p.m. and 5:00 p.m. revealed the corridors throughout the facility were obstructed in clear width by equipment.	K 039	A clear path will be maintained in the hallways at all times  An In-service will be held on 5/23/11 on the importance of keeping a clear path in the hallways at all times. The In-service was for all employees,	6/20	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible	K 050	The C.N.A. students are trained in the classroom on the appropriate response in the event of a fire. This training takes place by the In-service instructor the first week of class prior to their clinical training.  The Maintenance Director will review the fire drill process with each student individually during that first week of class before they come into the facility for clinical training.	6/20	

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K 050	Continued From page 2 alarms, 19.7.1.2  This STANDARD is not met as evidenced by: Based on observation the facility failed to assure that all staff and students were familiar with the facility's fire drill policy.  The findings included:  Observation on May 9, 2011 at 3:00 p.m. during a fire drill all staff and students were not familiar with the facility's fire plan. The code was not called aloud, the fire alarm was not activated, the door to the fire area was not closed and a fire extinguisher was not brought to the fire area for eight (8) minutes.	K 050			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation the facility failed to assure the sprinkler system was maintained in reliable operating condition.  The findings included:  Observation on May 9, 2011 at 3:30 p.m. revealed all outside sprinkler heads were corroded and one (1) sprinkler head in the	K 062	The outside sprinkler heads were cleaned on 5/13/11. The sprinkler head in the laundry soiled utility room was cleaned on 5/13/11.  The Administrator verified that the sprinkler heads were cleaned and the existing NFPA 101 Life Safety Code will be met.	6/20	

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NAME OF PROVIDER OR SUPPLIER

ERWIN HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 STALLING LANE

ERWIN, TN 37650

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K 062	Continued From page 3	K 062		
K 069 SS=F	laundry soiled utility room had pain NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation the facility failed to assure cooking facilities were protected in accordance with NFPA 96.  The findings included:  Observation on May 9, 2011 at 4:00 p.m. revealed the convection oven was not protected by the suppression system.  Observation on May 9, 2011 at 3:45 p.m. revealed a heavy grease buildup on the convection oven, gas stove, the deep fryer and the floor and walls surrounding the cooking appliances.	K 069	The convection oven is now protected. The outside fire protection company added another nozzle and readjusted all annul nozzles above the appliances to the correct positions per the Fire Marshals' Directive. This was completed on 5/16/11 The convection oven, gas stove, the deep fryer, and the floor & walls surrounding the cooking appliances were cleaned on 5/9/11. Those areas will be cleaned on a dally basis. An In-service was held on 5/23/11 for all Dietary Staff on the importance of keeping those areas clean on a dally basis. The In-service will be repeated on 5/26/26 for anyone unable to attend the 5/23/11 In-service.  An audit will be completed on a weekly basis by the Quality Assurance Nurse to verify that the area is clean. The audits will be reviewed on a weekly basis by the Quality Assurance Committee.	6/20